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Project Description Form

Instructions: Fill out this form when recruiting and/or hosting a student intern. Please complete and send to dph.internship@ct.gov.

Program Name:	Asthma Program
Preceptor/Point of Contact:	Name/Credentials: Marie-Christine Bournaki, PhD, RN
	Title: Asthma Program Supervisor
	Phone: 860-509-7258
	Email: marie-christine.bournaki@ct.gov
Alternate Contact ☐ **N/A**	Name/Credentials: Amy Ortiz-Lopez
	Title: Health Program Assistant II
	Phone: 860-509-8209
	Email: Amy.Ortiz-Lopez@ct.gov
Project Name: Evaluation of Asthma Educational Programs for Children (elementary, middle & high schools).	
Project Description (max. 130 words): *Please include desired outcome or product in your description.	

The Asthma Program's mission is to educate students diagnosed with asthma. In school asthma education interventions are ideal to reach many students affected by asthma. Learning self-management skills, medication administration skills and understanding asthma triggers are key for asthma quality control. During the, the intern will review the evidence-based asthma education programs offered to students in terms of quality, length, receptivity, and effectiveness.

Semester:	☐ Fall	☐ Spring	☑ Summer
Project Start Date:	2015-06-22		
Project End Date:	2015-08-28		
Paid:	☐ Yes	☑ No	
If yes, please provide stipend amount:			
Minimum Education Level Desired:	☑ Undergraduate	☐ Graduate	☐ Post-Graduate
References Requested (Provide 2)	☑ Yes	☐ No	
Writing Sample Required	☑ Yes	☐ No	
Special Requirements and Additional Information (e.g. preferred skills, hours etc.):			
capacity to use several softwares			
Post Project on Web?	☐ Yes, I would like to recruit interns for this project	☐ No, I already have a student for this project **Student Name**:	